

Arizona Health Improvement Plan

Access to Well Care

Criteria	Health Issue Data/Information
<p>Scope or Magnitude of the Problem</p> <ul style="list-style-type: none"> How many people across Arizona are affected by the health issue? 	<ul style="list-style-type: none"> 35% of Arizonans report they have not had a routine checkup in the past twelve months, and almost 10% report it has been five years or more since their last routine exam More than 22% of Arizona adults (approximately 1.4 million Arizonans) reported they did not have a personal doctor or healthcare provider (Arizona State Health Assessment Plan April 2014) Approximately 2.9 million Arizonans reside in a community that is designated as having a shortage of primary care providers, limiting access to preventive care in these areas According to the CDC, about half of the US adult population does not use commonly recommended preventive services
<p>Severity (Morbidity / Mortality)</p> <ul style="list-style-type: none"> Does the health issue result in death, disability, or ongoing illness? 	<ul style="list-style-type: none"> The leading cause of death in the United States is heart disease, and the second leading cause of death is cancer. (In Arizona, cancer is the leading cause of death.) Both of these diseases can be impacted positively through well care including early screening, preventive medication and support for lifestyle changes Other chronic diseases, such as diabetes, are also more likely to be identified and appropriately managed when there is access to regular well care Immunizations are a component of well care and critical population health issue, preventing the spread of communicable disease and resulting morbidity/mortality by creating “herd immunity” One study, as reported in the CDC's MMWR, found that increasing use of nine clinical preventive services to a more optimal level could prevent an estimated 50,000 to 100,000 deaths each year for adults younger than 80 years of age Research suggests that the availability of primary care physicians influence health outcomes such as ambulatory care sensitive condition (ACSC) hospitalizations and mortality^{1,2} Studies found that higher numbers of primary care physicians are directly associated with health outcomes including lower rates of low birth weight, lower mortality of all causes and increased life spans³
<p>Potential to Impact (Winnable Battle)</p> <ul style="list-style-type: none"> What resources (funding, workforce, programs, etc.) are available to address the health issue? 	<ul style="list-style-type: none"> As part of health care reform, most health plans must cover sets of preventive health services for adults, women and children at no cost when delivered by an in-network provider. This includes Marketplace and Medicaid coverage The U.S. Preventive Services Task Force (USPSTF) issues annual recommendations on screening, counseling and preventive medication topics. This guide includes clinical recommendations for each topic and a variety of tools to assist primary care providers in utilizing preventive services

<ul style="list-style-type: none"> • Can progress be made on the health issue within five years? • Could addressing the health issue also address other problems at the same time? 	<ul style="list-style-type: none"> • Promoting better utilization of USPSTF tools and systems-level incorporation of preventive services among health plans and primary care providers has the potential to significantly increase access to well care in the next five years • With increased coverage of well care through health care reform, the public health system may have the opportunity to shift focus from delivering these preventive services directly to a role of promoting the utilization of such services among insured people • There is an opportunity to increase access to well care and preventive services by utilizing Community Health Workers, non-traditional providers (i.e. EMTs and pharmacists), and integrated approaches to health care • Primary care workforce investments at the national level have included the expansion of the National Health Service Corps (NHSC) Program, restructured Graduate Medical Education, enhanced Medicaid primary care payments, support for rural physician training, support for primary care training to increase the number of residents training in primary care specialties, and funding for Advanced Nursing Education • The number of primary care providers in underserved communities could be increased by supporting statutory and programmatic changes to enhance State Loan Repayment Program participation and allocating more funding to support anticipated demand • Increasing the number of primary care providers in AZ may address people's access to well care and might also address a variety of health problems associated with ER visits as an alternate option for people without usual sources of care⁴, unnecessary hospitalizations, chronic disease management, mental health issues, and mortality
<p>Cost-Effectiveness</p> <ul style="list-style-type: none"> • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue? 	<ul style="list-style-type: none"> • Uncontrolled chronic disease is costly - reducing chronic diseases could save millions in health care costs • Public and private health care payers in AZ could save \$351 million by reducing the prevalence of two chronic conditions alone, hypertension and diabetes, by just 5 percent⁵ • The CDC reported that 80% of adults ages 18-64 visited the ER during the past 12 months due to lack of access to other providers⁴ • The average expenses for people who had one or more visits to the Emergency Room (ER) were \$1318 in 2009 (Medical Expenditure Panel Survey, MEPS). The median cost was \$615⁶ • If 80% of the estimated 1.4 million Arizonans visited the ER for preventable type services at least once or more in a given year, it will cost the State approximately 1.47 billion in health expenditures per year. This amount can be used to support programs and services to address other State health priorities

<p>Quality of Life</p> <ul style="list-style-type: none"> How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation? 	<ul style="list-style-type: none"> Without access to well care, early detection and diagnosis of particular diseases will be missed. Diseases that are left undiagnosed could become chronic or life-threatening and can lead to disability or premature death If left unaddressed, other issues include physical inactivity that may trigger other health conditions, complications resulting from the undiagnosed disease, financial impact resulting from lower productivity, poor family or social interactions, and overall poor quality of life
<p>Disparities</p> <ul style="list-style-type: none"> How are groups of people affected differently by the health issue? Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc. 	<p>The Arizona State Health Assessment on page 97 reported the following data on health disparities with access to well care:</p> <p>Among Arizona adults obtaining a routine checkup in the past year:</p> <ul style="list-style-type: none"> Females were more likely than males to have had a routine checkup, 71.3% versus 59.7% respectively Adults 65+ years old were more likely to have had a routine checkup, at 82.8% Widows were more likely to have had a routine checkup, at 79.1% Adults with a college education were more likely to have had a routine checkup, at 67% Adults with an employment status of “Unable to work” or “Retired” were more likely to have had a routine checkup at 83.1% and 80.9% respectively Adults with a household income of \$25,000–\$34,999 were more likely to have had a routine checkup at 67.9% <p>Among Arizona adults having a usual source of healthcare:</p> <ul style="list-style-type: none"> Adults 65+ years old reported they were more likely to have a personal health care professional, at 93.5% Widowed (92.5%) and people who are married (82.8%) were more likely to have a personal health care professional Retired people were more likely to have a personal health care professional, at 93.3% Adults with household incomes of more than \$75,000 were more likely to have a personal health care professional, at 87.4%, than lower income adults
<p>Evidence-based Models Exist</p> <ul style="list-style-type: none"> Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities? 	<ul style="list-style-type: none"> Yes - the U.S. Preventive Services Taskforce issues annual evidence-based recommendations and clinical models related to the provision of well care Identification of essential benefits through health care reform has standardized this set of preventive services nationally, making the recommendations relevant across geographic areas A variety of best practice approaches have been developed across the state to increase access to well care. A comprehensive list can be found in the Arizona State Health Assessment Report. Some examples include workforce programs, HealthCheck programs, integrated behavioral health and

	primary care models, patient centered medical home models, Screening, Brief Intervention, Referral to Treatment (SBIRT) program, and Mental Health First Aid																								
Community Readiness / Interest in Solving <ul style="list-style-type: none"> What's the degree of public support and/or interest in working on the health issue? Which counties include this issue as a community health priority? 	<p>The Arizona State Health Assessment Report, pages 129-143 reported that eleven (11) counties identified access to care or well care as one of their community's health priority issues and six (6) counties also identified behavioral/mental health or access to behavioral/mental health services as one of their community's health priorities.</p> <table> <tr> <th>Access to Care or Well Care</th><th>Access to Mental/Behavioral Health</th></tr> <tr> <td>Apache</td><td>Gila</td></tr> <tr> <td>Cochise</td><td>Mohave</td></tr> <tr> <td>Coconino</td><td>Navajo</td></tr> <tr> <td>Gila</td><td>Santa Cruz</td></tr> <tr> <td>Graham</td><td>Yavapai</td></tr> <tr> <td>Maricopa</td><td>Yuma</td></tr> <tr> <td>Mohave</td><td></td></tr> <tr> <td>Navajo</td><td></td></tr> <tr> <td>Pima</td><td></td></tr> <tr> <td>Yavapai</td><td></td></tr> <tr> <td>Yuma</td><td></td></tr> </table>	Access to Care or Well Care	Access to Mental/Behavioral Health	Apache	Gila	Cochise	Mohave	Coconino	Navajo	Gila	Santa Cruz	Graham	Yavapai	Maricopa	Yuma	Mohave		Navajo		Pima		Yavapai		Yuma	
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Arizona Ranking below the US data <ul style="list-style-type: none"> Is Arizona doing better or worse than the U.S.? How much better or worse are we doing compared to the nation? 	<ul style="list-style-type: none"> Arizona ranks 42nd among States in the number of primary care physicians at 96 per 100,000 residents compared to the national average of 121 per 100,000 populations (America's Health Ranking) The national rate for persons with ongoing source of care according to Healthy People 2020 is 86.4% compared to Arizona's 78.6% (Arizona State Health Assessment Report, page 97) 																								
Political Feasibility <ul style="list-style-type: none"> Is there enough support from elected officials or other policymakers to help move a strategy to implementation? 	<ul style="list-style-type: none"> Medicaid restoration was passed in Arizona, leading to an anticipated increase of approximately 300,000 Arizonans covered. This can help people with accessing well care or preventative services The provision of essential health benefits required by health care reform will also allow insured Arizonans to receive specific screening services Policies may need to be developed to support State initiatives for growing the primary care pipeline to ensure more primary care providers will be available in the future, ensuring support by increasing and making competitive primary care physician compensations when compared to other healthcare discipline to provide incentives for medical students to enter into primary care, and ongoing/increased funding for other primary care incentives such as loan repayments or higher primary care visit reimbursement rates 																								

<p>Trend Direction</p> <ul style="list-style-type: none"> Has the health issue been getting better or worse over time? 	<ul style="list-style-type: none"> Primary care shortages continue to persist in Arizona and nationally. The supply of primary care physicians won't meet the current and future demand resulting from population growth, aging and the increased need from Medicaid expansion and enrollment to the marketplace⁸
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Data Sources:

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2. Primary Care Physician Workforce and Medicare Beneficiaries' Health Outcomes. Chang, C. et. Al. Retrieved from: http://www.aafp.org/dam/AAFP/documents/media_center/access-to-care/PC-Phys-Wkfrce-Mcare-Bene-Outcomes.pdf.
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